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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC) 11065 HOME SHORE DRIVE ADDRESS (number and street) Check if different than previously **PINCKNEY** МІ 48169 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00421040 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Margo Lynn Burrage Type or Print Name of Treasurer Electronically Filed by Margo Lynn Burrage 08 0 1 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

n on Hand January 1 2011 on Hand at ning of Reporting Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
January 1 2011 Y	Y	01501 50
		21521.50
g or reporting recitor	21521.50	
I Receipts (from Line 19)	9643.00	9643.00
otal (add lines 6(b) and		
for Column A and Lines and 6(c) for Column B)	31164.50	31164.50
oursements (from Line 31)	6018.00	6018.00
Hand at Close of Period Line 7 from Line 6(d))	25146.50	25146.50
Obligations owed TO ittee (Itemize all on C and/or Schedule D)	0.00	
Obligations owed BY ittee (Itemize all on C and/or Schedule D)	0.00	
of fa	otal (add lines 6(b) and for Column A and Lines and 6(c) for Column B)	otal (add lines 6(b) and for Column A and Lines and 6(c) for Column B)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

м м 0 1 0 1 м°м 06 30 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 5975.00 5975.00 (i) Itemized (use Schedule A) 3668.00 3668.00 (ii) Unitemized (iii) TOTAL (add 9643.00 9643.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 9643.00 9643.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 9643.00 9643.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 9643.00 9643.00 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	18.00	18.00
(c) Total Operating Expenditures	18.00	18.00
(add 21(a)(i), (a)(ii) and (b))	18.00	18.00
Committees	0.00	0.00
23. Contributions to		
Federal Candidates/Committeesand Other Political Committees	6000.00	6000.00
44. Independent Expenditure	0.00	0.00
(use Schedule E)	0.00	5.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
, ,	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
	0.00	0.00
9. Other Disbursements	0.00	0.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,	22.12.22	2015.55
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6018.00	6018.00
20 Tatal Fadaval Dialayus assasts		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 		
from Line 31)	6018.00	6018.00
	33.3.3	33.0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	9643.00	9643.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9643.00	9643.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18.00	18.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	18.00	18.00

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANO	Statements may not be sold or used by any peen ame and address of any political committees EE INC POLITICAL ACTION COMMITTEE	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) TAMJEED ARSHAD, MD Mailing Address 273 WINTON M BOUN	NT LOOP	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City MONTGOMERY	State Zip Code AL 36124	Transaction ID: SA11AI.5265 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) WYNNE CRAWFORD, MD Mailing Address 273 WINTON M BOUR	NT LOOP	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5266
MONTGOMERY FEC ID number of contributing federal political committee.	AL 35124	Amount of Each Receipt this Period 325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 325.00	
Full Name (Last, First, Middle Initial) R ERIC CRUM, MD Mailing Address 273 WINTON M BOUR	NT LOOP	Date of Receipt
City	State Zip Code	0 4 1 7 2 0 1 1 Transaction ID: SA11Al.5267
MONTGOMERY	AL 35124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
		975.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one) X 11a
Any information copied from su or for commercial purposes, oth NAME OF COMMITTEE (Ir	ner than using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CARDIOLOGY ADVOC	ACY ALLIANCE INC POL	TICAL ACTION COMMITTE	EE (CAAPAC)
Full Name (Last, First, Midd LARRY ELLIS Mailing Address 112 ST			Date of Receipt
	ONEBROOK DRIVE		04 / 21 / 2011
City	State	Zip Code	Transaction ID: SA11AI.5284
BLYTHEWOOD	SC	29016	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		1500.00
Name of Employer SOUTH CAROLINA HEAR	T CNTR Occupation ADMINIS	n STRATOR	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Midd JOSE ESCOBAR, MD	le Initial)		Date of Receipt
Mailing Address 273 WII	NTON M BOUNT LOOP		0 4 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5268
MONTGOMERY	AL	36124	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		325.00
Name of Employer MONTGOMERY CARDIO\ ASSO	PHYSIC	IAN	
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 325.00	
Full Name (Last, First, Midd H FORREST FLEMMING, ME			Date of Receipt
	NTON M BOUNT LOOP		04 27 2011
City <u>MONTGOMERY</u>	State AA	Zip Code 36124	Transaction ID: SA11AI.5269
FEC ID number of contribut federal political committee.		30124	Amount of Each Receipt this Period 325.00
Name of Employer MONTGOMERY CARDION ASSO	/ASCULAR Occupation PHYSIC		
Receipt For: Primary Gen Other (specify) ▼		e Year-to-Date ▼ 325.00	
SUBTOTAL of Receipts This	Page (optional)		2150.00
TOTAL This Period (last page	e this line number only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 12 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
CARDIOLOGY ADVOCACY ALLIANO	CE INC POLITICAL ACTION COMMITTE	EE (CAAPAC)
Full Name (Last, First, Middle Initial) DAVID GEORGE, MD Mailing Address 273 WINTON M BOU	NT LOOP	Date of Receipt
	NI LOOP	04 27 27 2011
City	State Zip Code	Transaction ID: SA11AI.5270
MONTGOMERY	AL 36124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) Dr. DAVID GOOD		Date of Receipt
Mailing Address 273 Winton M Blount	Loop	M M / D D / Y Y Y Y Y Y Y 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.5271
MONTGOMERY	AL 36117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	275.00
Name of Employer MONTGOMERY CARDIOVAS ASSO- CIATE	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) DARRYL HAMILTON, MD	1	Date of Receipt
Mailing Address 273 WINTON M BOU	NT LOOP	M M / D D / Y Y Y Y Y Y 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.5273
MONTGOMERY	AL 36124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer MONTGOMERY CARDIOVASCULAR ASSO	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional)		925.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANC	name and address of any politica	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee. COMMITTEE (CAAPAC)
Full Name (Last, First, Middle Initial) DR BILLY A HAMMOND Mailing Address 25 DOCTORS PARK City CAPE GIRARDEAU FEC ID number of contributing federal political committee. Name of Employer CARDIOVAS CONS CAPE GIRARDEAU Receipt For:	State Zip Code MO 63703 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M M / D D D / Y Y Y Y Y O 4 11 1 2 0 1 1 Transaction ID: SA11AI.5291 Amount of Each Receipt this Period 50.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date V	250.00
DR BILLY A HAMMOND Mailing Address 25 DOCTORS PARK City CAPE GIRARDEAU FEC ID number of contributing	State Zip Code MO 63703	Date of Receipt M M M
Receipt For: Primary Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date	300.00
Full Name (Last, First, Middle Initial) PAUL MOORE, MD Mailing Address 273 WINTON M BOUN	IT LOOP	Date of Receipt O 4 27 2011
City MONTGOMERY FEC ID number of contributing	State Zip Code AL 36124	Transaction ID: SA11AI.5274 Amount of Each Receipt this Period
rec in number of contributing federal political committee. Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date	325.00
SUBTOTAL of Receipts This Page (optional)		425.00

A.

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 / 12									
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12									
	Detailed Summary Fage	13 14 15 16 17									
Any information copied from such Reports and S or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
CARDIOLOGY ADVOCACY ALLIANC	CE INC POLITICAL ACTION COMMITTE	E (CAAPAC)									
Full Name (Last, First, Middle Initial) DR A CHARLES RABINOWITZ		Date of Receipt									
Mailing Address 6800IH 10 WEST		04 21 2011									
City	State Zip Code	Transaction ID: SA11AI.5280									
SAN ANTONIO	TX 78201	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	1500.00									
Name of Employer S TEXAS CARDIOVAS CONSULT- ANTS	Occupation PHYSICIAN										
Receipt For:	Aggregate Year-to-Date ▼										
Primary General Other (specify)	1500.00]									

SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	5975.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LI			R:		F	AGE	11/	12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	Ė	22 28a		23 28b	24	. F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name											S
NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANCE IN	C POLITICAL ACTION	COM	IMITTE	E (CAAPA	AC)					
Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS					Date of		sburse			62 2 0 1 -	Y
Mailing Address P.O. Box 2232					0 6			9		201	
	State Zip Code PA 19046				Amou	int of	Each	Disburs	emer	nt this	Period
Purpose of Disbursement						_			10	00.00)
Candidate Name ALLYSON Y. SCHWARTZ		ı	tegory/ Γype								
Office Sought: X House Senate President State: PA District: 13	ment For: Primary General Other (specify)										
Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS							on ID:	SB23	3.525	58	
Mailing Address 84-56 Grand Avenue					0 6	M /	^D 2	9 /	Y	ž 0 1 ·	1 Y
•	State Zip Code NY 11373				Amou	int of	Each	Disburs	emer	nt this	Period
Purpose of Disbursement			•			_			10	00.00)
Candidate Name JOSEPH CROWLEY		ı	tegory/ Γype								
Office Sought: X House Disburse Senate President	ment For: Primary General Other (specify)										
State: NY District: 07				_							
Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY					Date of		sburse				V
Mailing Address 151 Linden Road					0 6	IVI /	٥2	9 ′	2	ž 0 1 ·	1
	State Zip Code NY 11501				Amou	int of	Each	Disburs	emer	nt this	Period
Purpose of Disbursement					L.	_			10	00.00)
Candidate Name CAROLYN MCCARTHY			tegory/ Γype								
Office Sought: X House Disburse Senate President	ment For: Primary General Other (specify) ▼										
State: NY District: 04											
SUBTOTAL of Disbursements This Page (optional) .)	<u>.</u>		•			30	00.00	

TOTAL This Period (last page this line number only)

	Use separate schedule(s	FOR LINE (check only	NUMBER: PAGE 12/12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) CARDIOLOGY ADVOCACY ALLIANCE	INC POLITICAL ACTION	COMMITTEE	(CAAPAC)
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transaction ID: SB23.5259 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 700 13TH STREET, N SUITE 600	W		06 29 2011
City WASHINGTON	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name STENY HAMILTON HOYER		Category/ Type	
Senate President	rsement For: Primary General Other (specify)		
State: MD District: 05 Full Name (Last, First, Middle Initial)			Transaction ID: SB23,5252
PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			$\begin{bmatrix}\begin{smallmatrix}M\\O\end{smallmatrix}6^M\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}D\\2\end{smallmatrix}7^D\end{smallmatrix} / \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}0\end{smallmatrix}1 1^Y$
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name FRANK JR. PALLONE		Category/ Type	
Office Sought: X House Senate President State: NJ District: 06	rsement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE A PAC)	ND ECONOMIC GROWT	H (PETE	Transaction ID: SB23.5253 Date of Disbursement
Mailing Address 7804 EVENING LANE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} \ $
	State Zip Code		Amount of Each Disbursement this Period
City ALEXANDRIA	VA 22306		
ALEXANDRIA Purpose of Disbursement			1000.00
ALEXANDRIA		Category/ Type	1000.00
ALEXANDRIA Purpose of Disbursement Candidate Name Office Sought: House Senate President			1000.00
ALEXANDRIA Purpose of Disbursement Candidate Name Office Sought: House Disbu	VA 22306 Irsement For: Primary General Other (specify)	Туре	3000.00